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Fill in this information to identify your c	ase:	
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS		
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example,	Barbara First Name	First Name
	your driver's license or passport).	Middle Name	Middle Name
		Tillman	
	Bring your picture identification to your meeting	Last Name	Last Name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you	Barbara	
	have used in the last 8 years	First Name	First Name
		Middle Name	Middle Name
	Include your married or	Duncan	
	maiden names.	Last Name	Last Name
3.	Only the last 4 digits of		
	your Social Security	$xxx - xx - \underline{7} \underline{0} \underline{3} \underline{3}$	xxx - xx
	number or federal Individual Taxpayer	OR	OR
	Identification number	9xx - xx -	9xx - xx -

(ITIN)

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Debtor 1 Bai		Barbara Tillman			Case number (if known)		
			About Debto	or 1:	About Deb	tor 2 (Spouse Only in a Joint Case):	
4.	and En	nsiness names	✓ I have no	ot used any business names or EIN	ls. I have	not used any business names or EINs.	
	(EIN) y	cation Numbers ou have used in t 8 years	Business name		Business nam	ne	
		lude trade names and ng business as names	Business name		Business nam	ne	
	doing b		Business name		Business nam	ne	
			EIN -		EIN _		
			EIN		EIN		
5.	Where	you live			If Debtor 2	lives at a different address:	
			1411 12th S Number Stre		Number S	treet	
					-		
					-		
			Waukegan City	IL 60085 State ZIP Code	City	State ZIP Code	
			Lake	State Zir Code	Oily	State ZIF Code	
			County		County		
			the one abov	ng address is different from ve, fill it in here. Note that the d any notices to you at this ess.	from yours	s mailing address is different s, fill it in here. Note that the court by notices to you at this mailing	
			Number Stre	eet	Number S	treet	
			P.O. Box		P.O. Box		
			F.O. BOX		F.O. BOX		
			City	State ZIP Code	City	State ZIP Code	
6.		ou are choosing strict to file for	Check one:		Check one:		
	bankru		petition,	e last 180 days before filing this I have lived in this district longer any other district.	petitio	he last 180 days before filing this n, I have lived in this district longer n any other district.	
				nother reason. Explain. U.S.C. § 1408.)		another reason. Explain. 8 U.S.C. § 1408.)	
P	art 2:	Tell the Court A	bout Your Ba	nkruptcy Case			
7.	Bankru	apter of the uptcy Code you		or a brief description of each, see N (Form 2010)). Also, go to the top o		by 11 U.S.C. § 342(b) for Individuals Filing each the appropriate box.	
	are cho under	oosing to file	Chapter 7				
			Chapter 1	1			
			Chapter 1	2			
				3			

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Debtor 1		Barbara Tillman	Case number (if known)						
8.	How yo	w you will pay the fee		I will pay the entire fee when I file my petition court for more details about how you may pay. pay with cash, cashier's check, or money order. behalf, your attorney may pay with a credit card	Typical If you	lly, if you are pay r attorney is subi	ring the fee you mitting your pay	self, you may	
				I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A).					
				I request that my fee be waived (You may req By law, a judge may, but is not required to, waive than 150% of the official poverty line that applies fee in installments). If you choose this option, you Filing Fee Waived (Official Form 103B) and file	e your s to yo ou mus	fee, and may do ur family size an st fill out the App	so only if your i	ncome is less e to pay the	
9.	-	ve you filed for		No					
	bankru last 8 y	iptcy within the /ears?		Yes.					
	-	ו	Distr	ict N.D. Eastern Div., IL (ch. 13 dismisse	When	09/23/2014 MM / DD / YYYY	Case number	14-34542	
			Distr	rict N.D. Eastern Div., IL (ch. 7)	When	09/20/2010 MM / DD / YYYY	Case number	10-42021	
			Distr	ict	When		Case number		
10.	Are an	y bankruptcy	M	No		MM / DD / YYYY			
	cases	pending or being	_	Yes.					
	-	y a spouse who is ng this case with	☐ Debt			Polationsh	in to you		
	-	r by a business r, or by an				IVelationsi			
	affiliate	•	Distr	rict	vviien	MM / DD / YYYY			
			Debt	tor		Relationsh	ip to you		
			Distr	ict	When	MM / DD / YYYY			
11.	Do you resider	ı rent your nce?		No. Go to line 12. Yes. Has your landlord obtained an eviction jurgesidence? No. Go to line 12. Yes. Fill out Initial Statement About and file it with this bankruptcy petition.	an Evi		·		

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Debtor 1 Barbara Tillman			Case number (if known)						
Pa	art 3:	Report About Ar	ıy Bı	ısine	sses You Own as a	a Sole Proprietor			
12.	•	a sole proprietor ull- or part-time ss?			Go to Part 4. Name and location of b	usiness			
business individua		roprietorship is a s you operate as an al, and is not a			Name of business, if any				
	•	e legal entity such as cation, partnership, or			Number Street				
	sole pro	ave more than one prietorship, use a e sheet and attach it			City Check the appropriate	box to describe your business:	State	ZIP Co	de
	•	o this petition.			Health Care Busi Single Asset Rea Stockbroker (as of	ness (as defined in 11 U.S.C. § Il Estate (as defined in 11 U.S.C defined in 11 U.S.C. § 101(53A) er (as defined in 11 U.S.C. § 10	101(27A)) c. § 101(51B))	
13.	Chapter Bankru are you	filing under 11 of the ptcy Code and a <i>small business</i>	can mos	set ap st rece	opropriate deadlines. If you	the court must know whether you indicate that you are a small nent of operations, cash-flow state texist, follow the procedure in	ll business de atement, and	ebtor, you federal in	must attach your come tax return
	debtor?	debtor?	$\overline{\mathbf{A}}$	No.	I am not filing under C	hapter 11.			
		definition of small less debtor, see S.C. § 101(51D).		No.	I am filing under Chap the Bankruptcy Code.	ter 11, but I am NOT a small bu	siness debto	r accordin	g to the definition in
	11 U.S.			Yes.	I am filing under Chap Bankruptcy Code.	ter 11 and I am a small busines	s debtor acco	ording to t	he definition in the
Pa	art 4:	Report If You Ov	vn o	r Hav	e Any Hazardous I	Property or Any Property	/ That Nee	eds Imm	ediate Attention
14.	propert alleged immine	o you own or have any operty that poses or is leged to pose a threat of minent and identifiable azard to public health or afety? Or do you own ny property that needs mediate attention?		No Yes.	What is the hazard?				
	safety? any pro				If immediate attention	is needed, why is it needed?			
	perishal livestoc	mple, do you own ble goods, or k that must be fed, or ng that needs urgent			Where is the property?	Number Street			
						City		State	ZIP Code

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Debtor 1 **Barbara Tillman** Case number (if known) Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling 15. Tell the court About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): whether you You must check one: You must check one: have received I received a briefing from an approved credit ☐ I received a briefing from an approved credit briefing about counseling agency within the 180 days before I counseling agency within the 180 days before I credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment Attach a copy of the certificate and the payment The law requires plan, if any, that you developed with the agency. plan, if any, that you developed with the agency. that you receive a ☐ I received a briefing from an approved credit □ I received a briefing from an approved credit briefing about credit counseling agency within the 180 days before I counseling agency within the 180 days before I counseling before filed this bankruptcy petition, but I do not have filed this bankruptcy petition, but I do not have you file for a certificate of completion. a certificate of completion. bankruptcy. You must truthfully Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment check one of the plan, if any. plan, if any. following choices. If you cannot do so, ☐ I certify that I asked for credit counseling ☐ I certify that I asked for credit counseling you are not eligible services from an approved agency, but was services from an approved agency, but was to file. unable to obtain those services during the 7 unable to obtain those services during the 7 days after I made my request, and exigent days after I made my request, and exigent If you file anyway, circumstances merit a 30-day temporary circumstances merit a 30-day temporary the court can waiver of the requirement. waiver of the requirement. dismiss your case, To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the you will lose requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what whatever filing fee efforts you made to obtain the briefing, why you efforts you made to obtain the briefing, why you you paid, and your were unable to obtain it before you filed for were unable to obtain it before you filed for creditors can begin bankruptcy, and what exigent circumstances bankruptcy, and what exigent circumstances collection activities required you to file this case. required you to file this case. again. Your case may be dismissed if the court is Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, You must file a certificate from the approved agency, along with a copy of the payment plan you along with a copy of the payment plan you developed, if any. If you do not do so, your case developed, if any. If you do not do so, your case may be dismissed. may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. ☐ I am not required to receive a briefing about ☐ I am not required to receive a briefing about credit counseling because of: credit counseling because of: ☐ Incapacity. I have a mental illness or a mental ☐ Incapacity. I have a mental illness or a mental deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. □ Disability. My physical disability causes me □ Disability. My physical disability causes me to be unable to participate in a to be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a If you believe you are not required to receive a briefing about credit counseling, you must file a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. motion for waiver of credit counseling with the court.

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Deb	otor 1	Barbara Tillman				Case number (if	know	n)	
Ρ	art 6:	Answer These C	Quest	ions for Reporting Pเ	ırpos	ses			
16.	What ki	ind of debts do you	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. ✓ Yes. Go to line 17.						
			16b.			iness debts? Business debt tment or through the operation		debts that you incurred to obtain e business or investment.	
			16c.	State the type of debts yo	ou ow	e that are not consumer or bus	siness	s debts.	
17.	Are you	u filing under r 7?	☑	No. I am not filing under	· Chap	oter 7. Go to line 18.			
	any exe exclude admini- are paid availab	estimate that after empt property is ed and strative expenses d that funds will be le for distribution ecured creditors?		•		•	-	xempt property is excluded and to distribute to unsecured creditors?	
18.		any creditors do iimate that you		1-49 50-99 100-199 200-999		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000	
19.		uch do you e your assets to th?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
20.		uch do you se your liabilities to		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	

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Debtor 1	Barbara Tillman		Case number (if known)			
Part 7:	Sign Below					
For you		I have examined this petition, and I dand correct.	declare under penalty of perjury that the information provided is true			
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.				
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).				
		I request relief in accordance with th	e chapter of title 11, United States Code, specified in this petition.			
		9	ent, concealing property, or obtaining money or property by fraud in an result in fines up to \$250,000, or imprisonment for up to 20 years, 19, and 3571.			
		X /s/ Barbara Tillman Barbara Tillman, Debtor 1	XSignature of Debtor 2			
		Executed on MM / DD / YYYYY	Executed on			

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Debtor 1	Barbara Tillman		Case number (if know	n)			
represent	not represented by ey, you do not need	I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) abore eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explair relief available under each chapter for which the person is eligible. I also certify that I have delivere the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applie certify that I have no knowledge after an inquiry that the information in the schedules filed with the p is incorrect.					
		X /s/ Kenneth S. Borcia Signature of Attorney for Debtor	Date	04/15/2017 MM / DD / YYYY			
		Kenneth S. Borcia Printed name Kenneth S. Borcia & Associate Firm Name 1117 S. Milwaukee, Suite A-3 Number Street	s				
		Libertyville City	IL State	60048 ZIP Code			
		Contact phone (847) 634-8800	Email address				
		3125988 Bar number	State	_			

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Fill in this int	formation to i	dentify your case	and this filing:		
Debtor 1	Barbara		Tillman		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)) First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court fo	r the: NORTHERN D	ISTRICT OF ILLINOIS		
Case number (if known)				☐ Check i amende	f this is an ed filing
Official Form					
Schedule A	/B: Property	у			12/15
sheet to this form	n. On the top of a	any additional pages,	ng correct information. If more write your name and case numb	oer (if known). Answer ever	y question.
✓ No. Go	or have any lega to Part 2. here is the propert	·	in any residence, building, land	d, or similar property?	
			of your entries from Part 1, incli		\$0.00
Part 2: De	scribe Your V	ehicles			
-		•	n any vehicles, whether they are also report it on Schedule G: Exec	_	•
3. Cars, vans, t	rucks, tractors, s	sport utility vehicles, r	notorcycles		
□ No ☑ Yes					
3.1. Make:		Check one		Do not deduct secured clair amount of any secured clair Creditors Who Have Claims	ms on Schedule D:
Model:	Versa		r 1 only r 2 only	Current value of the	Current value of the
Year:	2012		r 1 and Debtor 2 only	entire property?	portion you own?
Approximate milea	ige: <u>56,000</u>	At leas	st one of the debtors and another	\$5,000.00	\$5,000.00
Other information:					
2012 Versa (app	orox. 56000 mil		k if this is community property nstructions)		
•	•	•	recreational vehicles, other veh t, fishing vessels, snowmobiles, m	•	
☑ No □ Yes					
	-	•	of your entries from Part 2, incli	- ·	\$5,000.00

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Deb	tor 1	Barbara Tillman Case number (if known)	
Pa	art 3:	Describe Your Personal and Household Items	
Do y	you own	n or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.		hold goods and furnishings les: Major appliances, furniture, linens, china, kitchenware	
	☐ No ☑ Yes	s. Describe Refrigerator, stove bedroom furniture, kitchen & living room furniture, mis household goods	sc. \$400.00
7.	Electro Exampl	bnics les: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	□ No ✓ Yes	s. Describe Cell Phone, Television	\$100.00
8.		tibles of value les: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
	✓ No ☐ Yes	s. Describe	
9.		nent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	☑ No □ Yes	s. Describe	
10.	•	les: Pistols, rifles, shotguns, ammunition, and related equipment	
	✓ No ☐ Yes	s. Describe	
11.		les: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	☐ No ✓ Yes	s. Describe clothing	\$25.00
12.	Jewelr y Example	y les: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, ge gold, silver	ms,
	□ No ✓ Yes	s. Describe Costume jewelry	\$20.00
13.		rm animals les: Dogs, cats, birds, horses	
	☐ No ✓ Yes	s. Describe Dog	\$20.00
14.	Any oth	her personal and household items you did not already list, including any health aids you tlist	
		s. Give specific ormation	
15.		e dollar value of all of your entries from Part 3, including any entries for pages you have	\$565.00

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Deb	tor 1	Barbara Tillman		Case number (if known)	
P	art 4:	Describe Your Finar	ncial Assets		
Do	you own	or have any legal or equita	able interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Example	es: Money you have in your petition	wallet, in your home, in a safe deposit	box, and on hand when you file your	
	☐ No ✓ Yes			Cash:	\$30.00
17.		• •	ther financial accounts; certificates of dother similar institutions. If you have m	•	
	□ No ☑ Yes		Institution name:		
	17.	Checking account:	Checking account First Midwe	st	\$25.00
18.		mutual funds, or publicly tes: Bond funds, investment	traded stocks accounts with brokerage firms, money	market accounts	
	✓ No ☐ Yes	Institution	on or issuer name:		
19.	-	blicly traded stock and inte est in an LLC, partnership	erests in incorporated and unincorpo , and joint venture	orated businesses, including	
	info	. Give specific rmation about n Name c	of entity:	% of ownership:	
20.	Governi Negotia	ment and corporate bonds ble instruments include pers	s and other negotiable and non-negot sonal checks, cashiers' checks, promiss se you cannot transfer to someone by s	iable instruments sory notes, and money orders.	
	info	. Give specific rmation about n Issuer r	name:		
21.	Retirem	ent or pension accounts	Keogh, 401(k), 403(b), thrift savings a	ccounts, or other pension or	
	_	. List each ount separately. Type of a	account: Institution name:		
22.	Your sha		outs ou have made so that you may continue ds, prepaid rent, public utilities (electric		
	☑ No □ Yes		Institution name or individua	al:	
23.	_		periodic payment of money to you, eith	her for life or for a number of years)	
	_	Issuer r	name and description:		

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Deb	tor 1 Barbara Tillman	Case number (if known)	
24.	Interests in an education IRA, in an account in a qualified 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).	ed ABLE program, or under a qualified state tuit	ion program.
	∇ No	on Sonarataly file the records of any interests 11	11.5.0. 8.521(a)
25	_		0.3.0. § 521(0)
25.	Trusts, equitable or future interests in property (other to powers exercisable for your benefit	man anything listed in line 1), and rights of	
	☑ No		
	Yes. Give specific information about them		
26.	Patents, copyrights, trademarks, trade secrets, and oth Examples: Internet domain names, websites, proceeds fro		
	☑ No		
	Yes. Give specific information about them		
27.	Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperations.	ve association holdings, liquor licenses, profession	al licenses
	✓ No ☐ Yes. Give specific		
	information about them		
Mor	ney or property owed to you?		Current value of the portion you own?
			Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you		
	☑ No		
	Yes. Give specific information	F	ederal:
	about them, including whether you already filed the returns	\$	State:
	and the tax years	l	ocal:
29.	Family support Examples: Past due or lump sum alimony, spousal suppor	rt. child support. maintenance, divorce settlement, r	property settlement
	№ No		, ,
	Yes. Give specific information	Alimony:	
		Maintenance	e:
		Support:	
		Divorce settl	ement:
		Property set	tlement:
30.	Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, of compensation, Social Security benefits; unpaid		
	✓ No✓ Yes. Give specific information		
31.	Interests in insurance policies Examples: Health, disability, or life insurance; health savin	ngs account (HSA); credit, homeowner's, or renter's	insurance
	☑ No		
	Yes. Name the insurance company of each policy		
	and list its value Company name:	Beneficiary:	Surrender or refund value:

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Deb	or 1 Barbara Tillman	Case number (if known)	
32.	Any interest in property that is due you from someone who has die If you are the beneficiary of a living trust, expect proceeds from a life insentitled to receive property because someone has died		
	✓ No☐ Yes. Give specific information		
33.	Claims against third parties, whether or not you have filed a lawsui <i>Examples</i> : Accidents, employment disputes, insurance claims, or rights		
	✓ No Yes. Describe each claim		
34.	Other contingent and unliquidated claims of every nature, including rights to set off claims	counterclaims of the debtor and	
	✓ No Yes. Describe each claim		
35.	Any financial assets you did not already list		
	✓ No✓ Yes. Give specific information		
36.	Add the dollar value of all of your entries from Part 4, including any attached for Part 4. Write that number here		\$55.00
Pa	rt 5: Describe Any Business-Related Property You Ow	n or Have an Interest In. List any	real estate in Part 1
37.	Do you own or have any legal or equitable interest in any business. ✓ No. Go to Part 6. ✓ Yes. Go to line 38.	related property?	Current value of the portion you own? Do not deduct secured
38.	Accounts receivable or commissions you already earned		claims or exemptions.
	✓ No ☐ Yes. Describe		
39.	Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, codesks, chairs, electronic devices	opiers, fax machines, rugs, telephones,	
	✓ No ☐ Yes. Describe		
40.	Machinery, fixtures, equipment, supplies you use in business, and	tools of your trade	
	✓ No ☐ Yes. Describe		
41.	Inventory		
	✓ No ☐ Yes. Describe		
42.	Interests in partnerships or joint ventures		
	✓ No ☐ Yes. Describe Name of entity:	% of ownership:	

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Deb	tor 1	Barbara Tillman	Case number (if known)	
43.	Custon	er lists, mailing lists, or other compilations		
	✓ No ☐ Yes	. Do your lists include personally identifiable information (as define No Yes. Describe	d in 11 U.S.C. § 101(41A))?	
44.	Any bu	siness-related property you did not already list		
	✓ No ☐ Yes	. Give specific information.		
45.		dollar value of all of your entries from Part 5, including any entries d for Part 5. Write that number here		\$0.00
Pá		Describe Any Farm- and Commercial Fishing-Related P f you own or have an interest in farmland, list it in Part 1.	roperty You Own or Have a	n Interest In.
46.	Do you	own or have any legal or equitable interest in any farm- or commerc	ial fishing-related property?	
		Go to Part 7. . Go to line 47.		
				Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm a	nimals es: Livestock, poultry, farm-raised fish		
	✓ No Yes			
48.	Crops	either growing or harvested		
		. Give specific rmation		
49.	Farm a	nd fishing equipment, implements, machinery, fixtures, and tools of	trade	
	✓ No ☐ Yes			
50.	Farm a	nd fishing supplies, chemicals, and feed		
	✓ No ☐ Yes	 .		
51.	Any far	m- and commercial fishing-related property you did not already list		
		. Give specific rmation		
52.	Add the attache	dollar value of all of your entries from Part 6, including any entries d for Part 6. Write that number here	for pages you have	\$0.00
Pa	art 7:	Describe All Property You Own or Have an Interest in T	hat You Did Not List Above	
53.	-	have other property of any kind you did not already list? es: Season tickets, country club membership		
	✓ No	. Give specific information.		

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Debtor 1	Barbara Tillman	Case no	umber (if known)	
54. Add t	he dollar value of all of your entries from Part 7. Write t	hat number here	→	\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. Part 1	l: Total real estate, line 2			\$0.00
56. Part 2	2: Total vehicles, line 5	\$5,000.00		
57. Part 3	3: Total personal and household items, line 15	\$565.00		
58. Part 4	I: Total financial assets, line 36	\$55.00		
59. Part 5	5: Total business-related property, line 45	\$0.00		
60. Part 6	6: Total farm- and fishing-related property, line 52	\$0.00		
61. Part 7	7: Total other property not listed, line 54	+\$0.00		
62. Total	personal property. Add lines 56 through 61	\$5,620.00	Copy personal property total	+ \$5,620.00
63. Total	of all property on Schedule A/B. Add line 55 + line 62.			\$5,620.00

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Fill in this inf	ormation to iden	tify your o	case:			
Debtor 1	Barbara		Tillman			
	First Name	Middle Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	e Last Name			
United States Bar	nkruptcy Court for the	NORTHE	RN DISTRICT OF I	LLIN	iois	☐ Check if this is an
Case number (if known)						amended filing
Official Form	106C					
Schedule C:	The Property	You Cl	aim as Exemp	ot		04/16
Using the property space is needed, fi	you listed on Schedu	<i>le A/B: Prope</i> s page as m	erty (Official Form 10	6A/B)	as your source, list th	esponsible for supplying correct information. e property that you claim as exempt. If more essary. On the top of any additional pages,
is to state a speci exempted up to the receive certain be exemption of 100° property is detern	fic dollar amount as le amount of any app nefits, and tax-exem % of fair market value nined to exceed that	exempt. Ali licable stat pt retiremer e under a la amount, yo	ternatively, you may utory limit. Some ex nt fundsmay be unl w that limits the exe ur exemption would	claii emp imite mpti	m the full fair market tionssuch as those d in dollar amount. I	you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an lar amount and the value of the le statutory amount.
Pairt II Ide	ntify the Propert	y fou Cia	iim as Exempt			
1. Which set of	exemptions are you	claiming?	Check one only,	even	if your spouse is filing	with you.
سخا	claiming state and fed			11 U	S.C. § 522(b)(3)	
You are	claiming federal exem	puons. TTC	J.S.C. § 522(D)(2)			
2. For any prop	erty you list on Sche	dule A/B th	at you claim as exer	npt, 1	ill in the information	below.
•	of the property and li lists this property	ne on	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B		eck only one box for h exemption	
Brief description:			\$400.00		\$400.00	735 ILCS 5/12-1001(b)
•	ve bedroom furnit	ure,	Ψ+00.00		100% of fair market	700 1200 0712 1001(5)
_	room furniture, mi	sc.			value, up to any	
household good Line from Schedule					applicable statutory limit	
Brief description:			\$100.00		\$100.00	735 ILCS 5/12-1001(b)
Cell Phone, Tele	evision		φ100.00		100% of fair market	733 1263 3/12-1001(5)
Line from Schedule	e A/B: 7				value, up to any applicable statutory limit	
•	ning a homestead ex justment on 4/01/19 a	-			ed on or after the date	of adjustment.)
✓ No ☐ Yes. Did ☐ No ☐ Yes		erty covered	l by the exemption wit	hin 1	,215 days before you f	iled this case?

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Debtor 1	Barbara Tillman	Case number (if known)					
Part 2:	Additional Page						
	ription of the property and line on A/B that lists this property	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption		
		Copy the value from Schedule A/B	Copy the value from Check only one box for Schedule A/B each exemption				
Brief descr clothing Line from S	iption: Schedule A/B: 11	<u>\$25.00</u>		\$25.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a), (e)		
Brief descr Costume Line from S	•	\$20.00		\$20.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)		
Brief descr Dog Line from S	iption: Schedule A/B: 13	\$20.00		\$20.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)		
Brief descr Cash Line from S	iption: Schedule A/B: 16	\$30.00		\$30.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)		
	iption: Jaccount First Midwest Schedule A/B: 17.1	\$25.00		\$25.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)		

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Fill in this info	ormation to ident	ity your case:				
Debtor 1	Barbara First Name	Middle Name	Tillman Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the:	NORTHERN DIS	TRICT OF ILLINOIS	<u>s</u>		
Case number					☐ Check if this is	an an
(if known)			_		amended filing	
Official Form	106D					
		o Have Clain	ns Secured by	Property		12/15
					y responsible for supples, and attach it to this	
On the top of any a	additional pages, wri	te your name and	case number (if know	n).		
1. Do any credit	ors have claims secu	ired by your prope	rtv?			
-			-	dules. You have noth	ning else to report on thi	is form.
Yes. Fill	in all of the informatio	n below.				
Part 1: List	t All Secured Cla	ims				
	ed claims. If a credito creditor separately for			Column A	Column B	Column C
creditor has a	particular claim, list th	e other creditors in	Part 2. As	Amount of claim	Value of collateral	Unsecured
much as possi creditor's name		alphabetical order a	nabetical order according to the Do r		that supports this claim	portion If any
2.1		Describe the p	roperty that			,
Armco, LLC		secures the cla	aim:	\$0.00	\$0.00	
Creditor's name		— TV				
Number Street	ve.					
		As of the date	you file, the claim is:	Check all that apply		
		Contingent	,	oneon an mar apply.		
Waukegan	IL 60085	Unliquidate	d			
City	State ZIP Code	Disputed				
Who owes the deb	off Check one.		Check all that apply.			
Debtor 2 only		_	ent you made (such as en (such as tax lien, me		car loan)	
Debtor 1 and D	ebtor 2 only		en from a lawsuit	echanic's nem		
At least one of	the debtors and anoth	^r —	ding a right to offset)			
Check if this c to a communit		_				
Date debt was inco	urred	Last 4 digits of	account number			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$0.00

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Additional Page Part 1: After listing any entries on this page, number them sequentially from the previous page.		Case number (if known)			
		Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
Credit Acceptance Creditor's name P.O. Box 513 Number Street Southfield MI 48086-0513 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	Describe the property that secures the claim: 2012 Versa As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, me Judgment lien from a lawsuit Other (including a right to offset)	mortgage or secured	\$5,000.00 car loan)	\$2,000.00	
Date debt was incurred	Last 4 digits of account number				

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$7,000.00 \$7,000.00

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Fill in this inf	ormation to iden					
Debtor 1	Barbara First Name	Middle Name	Tillman Last Name			
Dahtan 0	First Name	wilddie Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS					
Case number				_	☐ Check if this is an	
(if known)				_	amended filing	

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1	Do any	creditors have	priority	unsacurad	claime	anainet v	/ 0112
1.	DO ally	Creditors mave	priority	unsecureu	Ciaiiiis	ayamsı	you:

No. Go to Part 2.

☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

Total claim Priority Nonpriority amount amount

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Debtor 1	Barbara Tillman	Case number (if known)	
Part 2:	List All of Your NONPRIORIT	Y Unsecured Claims	
3. Do an	y creditors have nonpriority unsecured	claims against you?	
ш	lo. You have nothing to report in this part es	Submit this form to the court with your other schedules.	
If a cre type of	editor has more than one nonpriority unser f claim it is. Do not list claims already inc	in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listeruded in Part 1. If more than one creditor holds a particular claim, list the of unsecured claims, fill out the Continuation Page of Part 2.	
			Total claim
4.1	u dal O anda a	Lock & Weite of account number	\$473.00
	ncial Services reditor's Name	_ Last 4 digits of account number	
	kie Hwy., Unit D	When was the debt incurred?	
Number	Street	As of the date you file, the claim is: Check all that apply.	
		_ ☐ Contingent ☐ Unliquidated	
		□ Disputed	
Lake Bluf			
City	State ZIP Code red the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor		☐ Student loans	
Debtor	•	Obligations arising out of a separation agreement or divorce	
Debtor	1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least	t one of the debtors and another	Other. Specify	
☐ Check	if this claim is for a community debt	<u>F</u>	
Is the clain	n subject to offset?		
☑ No			
☐ Yes			
4.2			\$8,668.00
Allstate In		Last 4 digits of account number	
P.O. Box	reditor's Name 3589	When was the debt incurred?	
Number	Street	As of the date you file, the claim is: Check all that apply.	
		_ Contingent	
		Unliquidated	
Akron	OH 44309-3589	Disputed	
City	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? Check one.	☐ Student loans	
☐ Debtor ☐ Debtor	•	Obligations arising out of a separation agreement or divorce	
_	1 and Debtor 2 only	that you did not report as priority claims	
	t one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
ш	if this claim is for a community debt	✓ Other. Specify	
-	n subject to offset?		
✓ No			
Yes			

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Debtor 1 Barbara Tillman	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.3		\$8,073.00
Anesthesia Consultants	Last 4 digits of account number	
Nonpriority Creditor's Name 34121 Eagle Way	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	☐ Unliquidated ☐ Disputed	
Chicago IL 60678 City State ZIP Code	_	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	☑ Other. Specify	
Is the claim subject to offset?		
✓ No ☐ Yes		
4.4		\$1,272.00
AT&T Nonpriority Creditor's Name	Last 4 digits of account number	
P.O. Box 8212	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
A	— Disputed	
Aurora IL 60572-8212 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	V Caron Speeding	
Is the claim subject to offset?		
☑ No		
Yes		
4.5		\$30.00
Certified Services	Last 4 digits of account number	
Nonpriority Creditor's Name 1733 Washington Street, Suite 201	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	□ Contingent □ Unliquidated	
	— ☐ Disputed	
Waukegan IL 60085 City State ZIP Code	— Tarana (NONDRIORITY and a constant of the c	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?		
No No		
☐ Yes		

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Debtor 1 Barbara Tillman	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.6		\$15.00
Chicago Tribune	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent	
	Unliquidated	
Chicago IL 60611	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?		
☑ No		
Yes		
4.7		* 000 00
	Last 4 digits of account number	\$200.00
City of Waukegan Nonpriority Creditor's Name	When was the debt incurred?	
P.O. Box 457		
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
	Disputed	
Wheeling IL 60090 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt		
Is the claim subject to offset?		
✓ No ☐ Yes		
4.8		\$351.00
Comcast	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
2508 W. Rte 120 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
McHenry IL 60050	─	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	☑ Other. Specify	
Is the claim subject to offset?		
☑ No		
Yes		

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Debtor 1 Barbara Tillman	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.9		\$841.00
Commonwealth Edison	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
2100 Swift Drive Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Oakbrook IL 60523-1559		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?		
✓ No ☐ Yes		
4.10		\$437.00
Credit One Bank	Last 4 digits of account number	
Nonpriority Creditor's Name P.O. Box 98873	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_	
	Disputed	
Las Vegas NV 89193-8873 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?		
✓ No ☐ Yes		
4.11		\$520.00
First Premier Bank	Last 4 digits of account number	
Nonpriority Creditor's Name P.O. Box 5519	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Sioux Falls SD 57117-5519 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	☑ Other. Specify	
Is the claim subject to offset?		
☑ No		
☐ Yes		

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Debtor 1 Barbara Tillman	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.12		\$2,727.00
Harris & Harris	Last 4 digits of account number	
Nonpriority Creditor's Name 111 W. Jackson Blvd.,Ste. 400	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Chicago IL 60604		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations origing out of a congretion agreement or diverse	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?		
No No		
Yes		
Collecting for Northwestern Medical Faculty	Foundation	
4.13		\$137.00
Illinois Bone & Joint Institute	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Chicago IL 60674		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt		
Is the claim subject to offset? No		
Yes		

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Debtor 1 Barbara Tillman	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.14		\$2,018.00
Lake County Health Dept.	Last 4 digits of account number	
Nonpriority Creditor's Name 3010 Grand Ave.	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated ☐ Uniquidated ☐ Contingent	
	□ Disputed	
Waukegan IL 60085 City State ZIP Code	— The set NONDRIGHTY was a sound also	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: ☐ Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt	V Choir Spoony	
Is the claim subject to offset?		
✓ No ☐ Yes		
4.15		\$313.00
NLFH Outreach Laboratory	Last 4 digits of account number	
Nonpriority Creditor's Name 75 Remittance Dr., Ste. 1970	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated ☐ Uniquidated ☐ Contingent	
Chicago IL 60675-1834	Disputed	
Chicago IL 60675-1834 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	_	
Is the claim subject to offset? ✓ No		
Yes		
4.16		<u>\$581.00</u>
North Shore Gas/People's Energy Nonpriority Creditor's Name	Last 4 digits of account number	
130 E. Randolph, 14th Floor	When was the debt incurred?	
Number Street Special Procedures	As of the date you file, the claim is: Check all that apply. — ☐ Contingent	
	Unliquidated	
Chicago IL 60601	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt		
Is the claim subject to offset? No		
Yes		

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Debtor 1 Barbara Tillman	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.17		\$1,570.00
North Shore Nephrology	Last 4 digits of account number	
Nonpriority Creditor's Name 767 Park Ave. West, Ste. 260	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Highland Park IL 60035	─ ☐ Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?		
✓ No Yes		
4.18		\$905.00
Northwestern Lake Forest Hospital	Last 4 digits of account number	
Nonpriority Creditor's Name 660 N. Westmoreland Road	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated Disputed	
Lake Forest IL 60045		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt		
Is the claim subject to offset?		
☑ No □ Yes		
4.19		\$27,739.00
Northwestern Medical Group	Last 4 digits of account number	
Nonpriority Creditor's Name 26609 Network Place	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Chicago IL 60673-1266	— — — — — — — — — — — — — — — — — — —	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a congration agreement or diverse	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt		
Is the claim subject to offset?		
✓ No ☐ Yes		

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Debtor 1 Barbara Tillman	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.20		\$630.00
NW Lake Forest Hospital Emerg Phys	Last 4 digits of account number	
Nonpriority Creditor's Name 75 Remittance Dr., Ste#1951	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent	
	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
Chicago IL 60675-1951 City State ZIP Code	Type of NONERIORITY unccoured claims	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: ☐ Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	V State. Speeding	
Is the claim subject to offset?		
No No		
Yes		
4.21		\$30.00
Publishers Clearing House	Last 4 digits of account number	
Nonpriority Creditor's Name 382 Channel Dr.	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent	
Deat Weekington NV 44050	Disputed	
Port Washington NY 11050 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?		
✓ No ☐ Yes		
4.22		\$544.00
Sprint Nonpriority Creditor's Name	Last 4 digits of account number	
P.O. Box 8077	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent	
London KY 40742	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	_	
Is the claim subject to offset?		
✓ No Yes		

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Debtor 1 Barbara Tillman	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.23		\$6,513.00
Superior Air Ground Ambulance Service	Last 4 digits of account number	
Nonpriority Creditor's Name 395 W. Lake Street, P.O. Box 1407	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Elmhurst IL 60126		
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
☐ Check if this claim is for a community debt	_	
Is the claim subject to offset?		
✓ No ☐ Yes		
4.24		\$10,249.00
Turner Acceptance	Last 4 digits of account number	
Nonpriority Creditor's Name 4454 N. Western Ave.	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Chicago IL 60625	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
☐ Check if this claim is for a community debt	_	
Is the claim subject to offset?		
☑ No □ Yes		
4.25		\$5,471.00
Vista Medical Ctr.	Last 4 digits of account number	
Nonpriority Creditor's Name P.O. Box 504316	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Saint Louis MO 63150		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
Check if this claim is for a community debt	_	
Is the claim subject to offset?		
✓ No Yes		

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Debtor 1	Barbara Tilln	nan						Case	e number (if known)
Part 3:	List Others	s to Be	Notified Abou	ıt a De	bt Tha	t Y	ou Already	/ Lis	sted
For ex credite debts	ample, if a colle or in Parts 1 or 2 that you listed in	ction ag , then li n Parts	gency is trying to dist the collection a	collect for gency hi itional c	rom you nere. Si reditors	ı foı mila	r a debt you o arly, if you ha	owe ave n	bt that you already listed in Parts 1 or 2. to someone else, list the original nore than one creditor for any of the have additional parties to be notified for
Antonio B	ravo			On w	hich en	try	in Part 1 or F	art 2	2 did you list the original creditor?
Name 2334 Wes	tern Avenue			– Line		of	(Check one):	П	Part 1: Creditors with Priority Unsecured Claims
Number	Street					-	(6.1661, 6.16).		Part 2: Creditors with Nonpriority Unsecured Claims
Waukegai City	n	IL State	60085 ZIP Code	– Last –	4 digits	of a	account num	ber	
Arthur B.	Adler & Assoc			On w	/hich en	itry	in Part 1 or F	art 2	2 did you list the original creditor?
Name 25 E. Was Number	chington St., St Street	e#1221		_ Line	4.25	of_	(Check one):		Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Chicago City		IL State	60602 ZIP Code	– Last –	4 digits	of a	account num	ber	
	r Financial Ser	vices		_ On w	hich en	try	in Part 1 or F	art 2	2 did you list the original creditor?
Name 300 S. Gre Number	een Bay Rd. Street			_ Line .		of -	(Check one):		Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Waukegai City	n	IL State	60085 ZIP Code	– Last –	4 digits	of a	account num	ber	
	llection Servic	es		_ On w	hich en	try	in Part 1 or F	Part 2	2 did you list the original creditor?
Name 2 Wells Av Number	venue, Dept. 9° Street	134		_ Line .	4.2	of_	(Check one):		Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Newton City		MA State	02459 ZIP Code	– Last –	4 digits	of a	account num	ber	
Credit Co	ntrol			_ On w	/hich en	try	in Part 1 or F	art 2	2 did you list the original creditor?
P.O. Box A	488 Street			_ Line .	4.25	of -	(Check one):		Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
	d	MO	53042-0488	– Last	4 digits	of a	account num	ber	
City	-	State	ZIP Code	_					

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Barbara I	ıııman				Case	number (if known)
Part 3: List Oth	ners to Bo	Notified Abo	ut a Debt That Y	ou Already	/ Lis	sted Continuation Page
Direct Auto Insuranc	e		On which entry	in Part 1 or P	art 2	2 did you list the original creditor?
Name 330 S. Wells St. #910 Number Street			Lineof ((Check one):		Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Chicago City	IL State	60606 ZIP Code	— Last 4 digits of a —	account num	ber	
Enhanced Recovery	Corp.		On which entry	in Part 1 or P	art 2	2 did you list the original creditor?
8014 Bayberry Rd. Number Street			Lineof	(Check one):		Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Jacksonville City	FL State	32256-7412 ZIP Code	— Last 4 digits of a —	account num	ber	
Enhanced Recovery	Corp.		On which entry	in Part 1 or P	art 2	2 did you list the original creditor?
Name 8014 Bayberry Rd. Number Street			Lineof	(Check one):		Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Jacksonville City	FL State	32256-7412 ZIP Code	— Last 4 digits of a —	account num	ber	
EOS CCA			On which entry	in Part 1 or P	art 2	2 did you list the original creditor?
700 Longwater Dr. Number Street			Line <u>4.4</u> of	(Check one):		Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Norwell City	MA State	02061 ZIP Code	— Last 4 digits of a —	account num	ber	
Illinois Secretay of S	tate		On which entry	in Part 1 or P	art 2	2 did you list the original creditor?
Name Attn: Safety & Finance			_	(Check one):		Part 1: Creditors with Priority Unsecured Claims
Number Street 2701 W. Dirksen Park			<u> </u>			Part 2: Creditors with Nonpriority Unsecured Claims
Springfield City	IL State	62723 ZIP Code	— Last 4 digits of a —	account num	ber	
JVDB			On which entry	in Part 1 or P	art 2	2 did you list the original creditor?
P.O. Box 5718 Number Street			Line <u>4.24</u> of	(Check one):		Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Elgin	IL	60121	 Last 4 digits of a 	account num	ber	
City	State	ZIP Code	_			

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Debtor 1	Barbara Tillman		Case number (if known)
Part 3:	List Others to B	e Notified Abo	ut a Debt That You Already Listed Continuation Page
	r, Goggan, Blair & S	ampson LLP	On which entry in Part 1 or Part 2 did you list the original creditor?
Name P.O. Box 0	16357		Line 4.7 of <i>(Check one):</i> \square Part 1: Creditors with Priority Unsecured Claims
	Street		Part 2: Creditors with Nonpriority Unsecured Claims
Chicago		60606 0257	— Last 4 digits of account number
Chicago City	IL State	60606-0357 ZIP Code	_
	tern Medical Faculty	Foundation	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 38693 Eag	ile Way		Line 4.12 of <i>(Check one):</i> \square Part 1: Creditors with Priority Unsecured Claims
	Street		Part 2: Creditors with Nonpriority Unsecured Claims
Chicago		60679 4296	— Last 4 digits of account number
Chicago City	IL State	60678-1386 ZIP Code	_
	covery, Inc.		On which entry in Part 1 or Part 2 did you list the original creditor?
Name 4500 Salis	bury Rd.		Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims
	Street		Part 2: Creditors with Nonpriority Unsecured Claims
		20042	— Last 4 digits of account number
Jacksonvi City	State	32216 ZIP Code	_
	covery Service		On which entry in Part 1 or Part 2 did you list the original creditor?
Name 18525 Tor	rence Ave.,Ste. C-6		Line 4.23 of <i>(Check one):</i> \square Part 1: Creditors with Priority Unsecured Claims
	Street		Part 2: Creditors with Nonpriority Unsecured Claims
Longing	11	60429	— Last 4 digits of account number
Lansing City	IL State	60438 ZIP Code	_

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Debtor 1	Barbara Tillman	Case number (if known)
Part 4:	Add the Amounts for Each Type of Unsecured Claim	· · · · · · · · · · · · · · · · · · ·

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. -	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	^{6i.} +	\$80,307.00
	6j.	Total. Add lines 6f through 6i.	6j.	\$80,307.00

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Fill in this in	formation to i	dentify your case):	
Debtor 1	Barbara		Tillman	
	First Name	Middle Name	Last Name	
Debtor 2	. =			
(Spouse, if filing	g) First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court fo	or the: NORTHERN D	DISTRICT OF ILLII	IOIS
Case number				
(if known)				Check if this is an amended filing
Official Forn	n 106G			
Schedule G	: Executory	y Contracts an	d Unexpired	Leases 12
orrect informati	ion. If more spac		additional page, fil	together, both are equally responsible for supplying I it out, number the entries, and attach it to this page. nown).
correct informati On the top of any	ion. If more spac y additional page	e is needed, copy the	e additional page, fil nd case number (if k	I it out, number the entries, and attach it to this page.
orrect information the top of any Do you have	ion. If more spaces y additional pages e any executory of eck this box and f	e is needed, copy the s, write your name an contracts or unexpired the this form with the co	e additional page, filed case number (if bedden to the cases? Down the cases?	I it out, number the entries, and attach it to this page. nown). chedules. You have nothing else to report on this form.
correct information the top of any Do you have No. Ch	ion. If more spaces y additional pages e any executory of eck this box and f	e is needed, copy the s, write your name an contracts or unexpired the this form with the co	e additional page, filed case number (if bedden to the cases? Down the cases?	l it out, number the entries, and attach it to this page. nown).
orrect information the top of any Do you have No. Cho Yes. Fi List separate is for (for ex	ion. If more space y additional pages any executory of each this box and fill in all of the informely each person of	e is needed, copy the s, write your name and contracts or unexpired lile this form with the comation below even if the cor company with who cle lease, cell phone)	e additional page, filed case number (if he deases? Ourt with your other so the contracts or lease on you have the contract the contract of t	I it out, number the entries, and attach it to this page. nown). chedules. You have nothing else to report on this form.
Do you have No. Che Yes. File. List separate is for (for executory co	ion. If more space y additional pages any executory of each this box and fill in all of the informally each person of ample, rent, vehicular and unexponents and unexp	e is needed, copy the s, write your name and contracts or unexpired lile this form with the comation below even if the cor company with who cle lease, cell phone)	e additional page, filed case number (if he deases? Ourt with your other some contracts or lease on you have the contracts of the instruction of the contracts of the instruction of the contracts of the contrac	It it out, number the entries, and attach it to this page. nown). Chedules. You have nothing else to report on this form. Is are listed on Schedule A/B: Property (Official Form 106A/B). Attract or lease. Then state what each contract or lease
Do you have No. Ch Yes. Fi List separate is for (for executory co	ion. If more space y additional pages any executory of each this box and fill in all of the informally each person of cample, rent, vehicular and unexport company with the comp	e is needed, copy the s, write your name and contracts or unexpired lile this form with the commation below even if the company with who cle lease, cell phone) bired leases.	e additional page, filed case number (if he deases? Ourt with your other some contracts or lease on you have the contracts of the instruction of the contracts of the instruction of the contracts of the contrac	It it out, number the entries, and attach it to this page. shedules. You have nothing else to report on this form. shedules are listed on Schedule A/B: Property (Official Form 106A/B). Attract or lease. Then state what each contract or lease is for this form in the instruction booklet for more examples of
No. Che Yes. Fi List separate is for (for exexcutory conditions) 2. Armco, Name	ion. If more space y additional pages any executory of each this box and fill in all of the informally each person of cample, rent, vehicular and unexport company with the comp	e is needed, copy the s, write your name and contracts or unexpired lile this form with the commation below even if the company with who cle lease, cell phone) bired leases.	e additional page, filed case number (if he deases? Ourt with your other some contracts or lease on you have the contracts of the instruction of the contracts of the instruction of the contracts of the contrac	It it out, number the entries, and attach it to this page. It nown). It out, number the entries, and attach it to this page. It nown). It chedules. You have nothing else to report on this form. It is are listed on Schedule A/B: Property (Official Form 106A/B). It ract or lease. Then state what each contract or lease is for this form in the instruction booklet for more examples of State what the contract or lease is for
No. Che Yes. File. List separate is for (for executory content) Person of the top of any of the top of the to	ion. If more space y additional pages any executory of each this box and fill in all of the informal each person of eample, rent, vehicontracts and unexport company with the LLC Lewis Ave.	e is needed, copy the s, write your name and contracts or unexpired lile this form with the commation below even if the company with who cle lease, cell phone) bired leases.	e additional page, filed case number (if he deases? Ourt with your other some contracts or lease on you have the contracts of the instruction of the contracts of the instruction of the contracts of the contrac	It it out, number the entries, and attach it to this page. shedules. You have nothing else to report on this form. It is are listed on Schedule A/B: Property (Official Form 106A/B). It ract or lease. Then state what each contract or lease is for this form in the instruction booklet for more examples of State what the contract or lease is for

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Fill in th	nis information to	identify your case	:		
Debtor 1	Barbara		Tillman		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, i	f filing) First Name	Middle Name	Last Name	-	
United Sta	ates Bankruptcy Court f	or the: NORTHERN D	ISTRICT OF ILLINOIS		
Case num					
(if known)				Check if this is an amended filing	
Official F	Form 106H				
	le H: Your Cod	lebtors		1:	2/1
needed, co page. On ti	py the Additional Pag	e, fill it out, and numbe nal Pages, write your n	er the entries in the boxes on	to the left. Attach the Additional Page to this own). Answer every question. Use as a codebtor.)	
☐ No ☑ Ye	o es				
	Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)				
<u> </u>	o. Go to line 3. es. Did your spouse, fo] No] Yes	ormer spouse, or legal e	quivalent live with you at the ti	ime?	
persor credito	n shown in line 2 agai or on <i>Schedule D</i> (Off	n as a codebtor only if	that person is a guarantor of dule E/F (Official Form 106E	otor if your spouse is filing with you. List the or cosigner. Make sure you have listed the E/F), or Schedule G (Official Form 106G). Use	
Col	umn 1: Your codebto	r		Column 2: The creditor to whom you owe the de	bt
				Check all schedules that apply:	
3.1 Sp	ouse Name Not Ent	ered			
Nam		0.00		Schedule D, line	
Num	nber Street			Schedule E/F, line 4.1	
				Schedule G, line	
O'tra		Otata	710.0-4-	A All Financial Services	
City		State	ZIP Code		
3.2 Sp o	ouse Name Not Ent	ered		Schedule D, line	
				Schedule E/F, line 4.6	
Num	nber Street			Schedule G, line	
				Chicago Tribune	
City		State	7IP Code	-	

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Debtor 1	Barbara Tillman	Case number (if known)
	Additional Page to List More Codebtors	
C	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
		Check all schedules that apply:
1 0.0 1 -	Spouse Name Not Entered	— Schedule D, line
N	lumber Street	Schedule E/F, line 4.10
_		_ Schedule G, line
		Credit One Bank
C	City State ZIP Code	_

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Fill in this infor	mation to i	dentify your case:					
		adminy your oase.	Tilles and				
Debtor 1	Barbara First Name	Middle Name	Tillman Last Name			Che	eck if this is:
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				An amended filing
United States Bank	kruptcy Court	for the: NORTHERN	DISTRICT OF IL	LIN	OIS		A supplement showing postpetition chapter 13 income as of the following date:
Case number (if known)				_			MM / DD / YYYY
Official Form 1	061						
Schedule I: Yo	our Incor	ne					12/15
responsible for supp include information a about your spouse. your name and case	llying correct about your sp If more space	information. If you are pouse. If you are separ e is needed, attach a se nown). Answer every c	e married and not rated and your spo eparate sheet to th	filing ouse	g jointly, and is not filing	d your with y	I Debtor 2), both are equally spouse is living with you, rou, do not include information any additional pages, write
Fill in your emplinformation.	loyment		Debtor 1				Debtor 2 or non-filing spouse
If you have more		Employment status	☐ Employed				☐ Employed
job, attach a sepa with information a		Employment status	✓ Not employed	ed			✓ Not employed
additional employ	yers.	Occupation	retired				retired
Include part-time or self-employed		Employer's name					
Occupation may		Employer's address					_
student or homer applies.	naker, if it		Number Street				Number Street
							_
			City		State Zip	Code	City State Zip Code
			•		·		, ,
		How long employed to	nere?				
Part 2: Give	Details Ab	out Monthly Incom	е				
Estimate monthly inconon-filing spouse unle		•	n. If you have noth	ing t	o report for a	any line	, write \$0 in the space. Include your
		e more than one employ arate sheet to this form.	er, combine the info	orma	tion for all e	mploye	rs for that person on the lines below. If
					For Debto	or 1	For Debtor 2 or non-filing spouse
		alary, and commissions I monthly, calculate what		2.	!	\$0.00	\$0.00
3. Estimate and lis	t monthly ov	ertime pay.		3.	+	\$0.00	\$0.00
4. Calculate gross	income. Ad	d line 2 + line 3.		4.	;	\$0.00	\$0.00

Official Form 106l Schedule I: Your Income page 1

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Deb	tor 1	Barbara Tillman		Case num	ıber	(if known)		
				For Debtor 1		or Debtor on-filing s		<u>. </u>	
	Cop	y line 4 here	4.	\$0.00		\$	0.00		
5.		all payroll deductions:		*		_			
		Tax, Medicare, and Social Security deductions	5a.	\$0.00			0.00		
		Mandatory contributions for retirement plans	5b.	\$0.00			0.00		
		Voluntary contributions for retirement plans	5c.	\$0.00			0.00		
		Required repayments of retirement fund loans	5d.	\$0.00	-		0.00		
		Insurance	5e.	\$0.00			0.00		
	5f.	Domestic support obligations	5f.	\$0.00	-	•	0.00		
	5g.		5g.	\$0.00_			0.00		
	5h.	Other deductions. Specify:	5h. -	\$0.00		\$	0.00		
6.		I the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5h.	6.	\$0.00		\$	0.00		
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00		\$	0.00		
8.		all other income regularly received:	_						
	8a.	Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00	-	\$	0.00		
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.							
	8b.	Interest and dividends	8b.	\$0.00		\$	0.00		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00		\$	0.00		
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.							
	8d.	Unemployment compensation	8d.	\$0.00		\$	0.00		
	8e.	Social Security	8e.	\$735.00	-	\$90	0.00		
	8f.	Other government assistance that you regularly receive			-				
		Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.							
		Specify:	8f.	\$0.00		\$	0.00		
	8g.	Pension or retirement income	- 8g.	\$0.00	-	\$	0.00		
	8h.	Other monthly income.		<u> </u>	-				
		Specify: son's rent	8h.	\$750.00		\$	0.00		
9.	Add	l all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$1,485.00		\$90	0.00		
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$1,485.00	+[.	\$90	0.00]=[\$2,385.00
11.		e all other regular contributions to the expenses that you list in S	chedu	ıle J.					
	Incl	ude contributions from an unmarried partner, members of your househods or relatives.			roc	mmates,	and ot	her	
	Dor	not include any amounts already included in lines 2-10 or amounts tha	t are r	not available to pay e	хре	nses liste	d in Sc	hed	ule J.
	Spe	cify:					11.	+	\$0.00
12.		I the amount in the last column of line 10 to the amount in line 11. me. Write that amount on the Summary of Your Assets and Liabilities					12.		\$2,385.00
		applies.	anu v	Deriain Statistical init	JIIII	ation,			Combined monthly income
13.		you expect an increase or decrease within the year after you file t	his fo	rm?					
		No. Yes. Explain:							

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F	ill in this inforn	nation to id	entify	your case:			Che	eck if this	, io:	
	Debtor 1	Barbara			Tillma	an			ended filing	
		First Name		Middle Name	Last Na		╽╏	A supp	lement showing	
	Debtor 2							chapte followin	r 13 expenses a	as of the
	(Spouse, if filing)	First Name		Middle Name	Last Na	me		IOIIOWII	ig date.	
	United States Bank	ruptcy Court fo	r the:	NORTHERN D	ISTRICT OI	FILLINOIS		MM / D	D / YYYY	_
	Case number (if known)									
0	fficial Form 10	<u> </u>								
S	chedule J: Ye	our Exper	ises							12/15
na	rrect information. me and case numb	If more space	is nee Answ	ded, attach anoth er every questior	er sheet to t	ing together, both a his form. On the to				
1.	Is this a joint cas	se?								
	✓ No. Go to lir Yes. Does I No.	ne 2. Debtor 2 live in o es. Debtor 2 mu	ıst file			s for Separate House	hold o	f Debtor	2.	
2.	Do you have dep	endents?	_	No Kaa Fill aut thia in	formation	Dependent's relati	ionshi	p to	Dependent's	Does dependent
	Do not list Debtor Debtor 2.	1 and	_	es. Fill out this in or each dependen		Debtor 1 or Debto			age	live with you?
	Do not state the d names.	lependents'								Yes No No No Yes No Yes
3.	Do your expense expenses of peo yourself and you	ple other than	,	✓ No ☐ Yes						No Yes No Yes
G	Part 2: Estim	ate Your Or	goin	g Monthly Exp	enses					
to		s of a date afte	r the b		-	re using this form a supplemental Sche			-	
	clude expenses pai ch assistance and			•	•	know the value of cial Form 106I.)			Your expen	ses
4.	The rental or hor Include first mortg							4	4.	\$980.00
	If not included in	line 4:								
	4a. Real estate t	taxes						4	4a	
	4b. Property, hor	meowner's, or r	enter's	insurance				4	4b	
	4c. Home mainte	enance, repair,	and up	okeep expenses				4	4c	\$50.00
	4d. Homeowner's	s association o	r conde	ominium dues				4	4d	

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Debto	Barbara Tillman	Case number (if known)	
		Your expens	es
5. A	additional mortgage payments for your residence, such as home equity loans	5	
6. U	Itilities:		
6	a. Electricity, heat, natural gas	6a	\$195.00
6	b. Water, sewer, garbage collection	6b	
6	c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$55.00
6	d. Other. Specify:	6d	
. F	ood and housekeeping supplies	7.	\$225.00
. с	childcare and children's education costs	8.	
. с	Clothing, laundry, and dry cleaning	9.	\$40.00
0. P	ersonal care products and services	10.	\$35.00
1. N	ledical and dental expenses	11.	\$75.00
	ransportation. Include gas, maintenance, bus or train are. Do not include car payments.	12.	\$235.00
	Intertainment, clubs, recreation, newspapers, nagazines, and books	13.	\$20.00
4. C	charitable contributions and religious donations	14.	
	nsurance. To not include insurance deducted from your pay or included in lines 4 or 20.		
1	5a. Life insurance	15a	
1	5b. Health insurance	15b	
1	5c. Vehicle insurance	15c	\$72.00
1	5d. Other insurance. Specify:	15d.	
	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. specify:	16.	
7. Ir	nstallment or lease payments:		
1	7a. Car payments for Vehicle 1	17a	
1	7b. Car payments for Vehicle 2	17b	
1	7c. Other. Specify:	17c	
1	7d. Other. Specify:		
	our payments of alimony, maintenance, and support that you did not report as educted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
	Other payments you make to support others who do not live with you.		
S	pecify:	19.	

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Deb	tor 1	Barbara Tillman	Case number (if known))
20.		real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.		
	20a.	Mortgages on other property	20a.	
	20b.	Real estate taxes	20b.	
	20c.	Property, homeowner's, or renter's insurance	20c.	
	20d.	Maintenance, repair, and upkeep expenses	20d.	
	20e.	Homeowner's association or condominium dues	20e.	
21.	Other	Specify: food stamps	21. +	\$0.00
22.	Calcu	late your monthly expenses.	_	
	22a.	Add lines 4 through 21.	22a.	\$1,982.00
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b.	
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c.	\$1,982.00
23.	Calcu	alate your monthly net income.		
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$2,385.00
	23b.	Copy your monthly expenses from line 22c above.	23b. –	\$1,982.00
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	\$403.00
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you t	file this form?	
		cample, do you expect to finish paying for your car loan within the year or do you execut to increase or decrease because of a modification to the terms of your mortgag		
	1	No.		
		Yes. Explain here:		

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	nformation to i	dentify your case	: :			
Debtor 1	Barbara First Name	Middle Name	Tillman Last Name			
Debtor 2	riistivaille	Middle Name	Lastiname			
(Spouse, if filing	g) First Name	Middle Name	Last Name	_		
United States B	ankruptcy Court fo	or the: NORTHERN [DISTRICT OF ILLINOIS			
Case number if known)					Check if this is amended filing	
fficial Forn	n 106Sum					
		ets and Liabili	ties and Certain S	Statistical Informa	ation	12
Part 1: Si	ummarize You	r Assets				
Part 1: St	ummarize You	r Assets			Your a	
	ummarize You /B: Property (Official					
Schedule A/	/B: Property (Officia	al Form 106A/B)	VB		Value	of what you ov
Schedule A/	/B: <i>Property</i> (Officia	al Form 106A/B) state, from Schedule A			Value	assets of what you ow \$0.0 \$5,620.0
Schedule A/ 1a. Copy lin 1b. Copy lin	/B: Property (Officia ne 55, Total real es ne 62, Total persor	al Form 106A/B) state, from Schedule A nal property, from Sch	edule A/B		Value	of what you ov
Schedule A/ 1a. Copy lin 1b. Copy lin 1c. Copy lin	/B: Property (Officia ne 55, Total real es ne 62, Total persor	al Form 106A/B) state, from Schedule A nal property, from Sche property on Schedule A	edule A/B		Value	\$0.0 \$5,620.0
Schedule A/ 1a. Copy lin 1b. Copy lin 1c. Copy lin	/B: Property (Officiane 55, Total real estate for the 62, Total personate 63, Total of all processions of all processions for the 63, Total of all processions for the forces forces for the forces for the forces for the forces for the forces forces for the forces forces for the forces for the forces forces for the forces forces for the forces for the forces for the forces forces forces for the forces forc	al Form 106A/B) state, from Schedule A nal property, from Sche property on Schedule A	edule A/B		Yalue	\$0.0 \$5,620.0

Part 3: Sui	mmarize You	Income and	d Expenses
-------------	-------------	------------	------------

Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....+

\$0.00

\$80,307.00

\$87,307.00

Your total liabilities

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Deb	otor 1	Barbara Tillman Case nu	mbe	er (if known)	
P	art 4:	Answer These Questions for Administrative and Statistical Rec	ord	ds	
6.	Are yo	ou filing for bankruptcy under Chapters 7, 11, or 13?			
	_	lo. You have nothing to report on this part of the form. Check this box and submit this es	forn	m to the court with you	ur other schedules.
7.	What I	kind of debt do you have?			
	Ľ	Your debts are primarily consumer debts. Consumer debts are those "incurred by an amily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purp			a personal,
		Your debts are not primarily consumer debts. You have nothing to report on this part form to the court with your other schedules.	rt of	the form. Check this	box and submit
8.		the Statement of Your Current Monthly Income: Copy your total current monthly income: I Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	ome	e from	\$750.00
9.	Сору	the following special categories of claims from Part 4, line 6 of Schedule E/F:			
				Total claim	
	From	Part 4 on Schedule E/F, copy the following:			
	9a. D	Comestic support obligations. (Copy line 6a.)		\$0.00	0
	9b. T	axes and certain other debts you owe the government. (Copy line 6b.)		\$0.00	<u>0</u>
	9c. C	Claims for death or personal injury while you were intoxicated. (Copy line 6c.)		\$0.00	0
	9d. S	Student loans. (Copy line 6f.)		\$0.00	0
		Obligations arising out of a separation agreement or divorce that you did not report as riority claims. (Copy line 6g.)		\$0.00	<u>0</u>
	9f. D	Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+	\$0.00	<u>0</u>

9g. Total. Add lines 9a through 9f.

\$0.00

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			3		
Fill in this in	formation to i	dentify your case	:		
Debtor 1	Barbara First Name	Middle Name	Tillman Last Name	_	
Debtor 2 (Spouse, if filing)) First Name	Middle Name	Last Name		
		or the: NORTHERN D	ISTRICT OF ILLINOIS		
Case number (if known)				Check if this is an amended filing	
Official Form	n 106Dec				
Declaration	About an I	ndividual Debt	or's Schedules		12/15
	gn Below	to 20 years, or both.	18 U.S.C. §§ 152, 1341, 1	519, and 3571.	
Did you pay	or agree to pay s	someone who is NOT	an attorney to help you fi	ill out bankruptcy forms?	
☑ No					
Yes. N	lame of person			Attach Bankruptcy Petition Preparer's N Declaration, and Signature (Official Form	
Under penal true and cor		eclare that I have read	the summary and sched	ules filed with this declaration and that they are	
X /s/ Barba			X		
Barbara I	illman, Debtor 1		Signature of Debtor	2	

Date

MM / DD / YYYY

Date **04/15/2017**

MM / DD / YYYY

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Fill in th	nis information to i	dentify your case	:		
Debtor 1	Barbara		Tillman		
	First Name	Middle Name	Last Name	-	
Debtor 2					
(Spouse,	if filing) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOIS	_	
Case num	nber				
(if known)				Check if this is an amended filing	
Official	Form 107				
		l Affaira far Irad	ividuala Filina far l	Dankerintar	044
Statem	ent of Financial	Alialis Ioi Iliu	ividuals Filing for	Balikiupicy	04/
	and case number (if k	•	•	On the top of any additional pages, write	
	and case number (if k	nown). Answer every	•	, , , , , , , ,	
your name Part 1:	and case number (if keeping of the Company)	nown). Answer every	question.	, , , , , , , ,	
Part 1: 1. What i	and case number (if k	nown). Answer every	question.	, , , , , , , ,	
Part 1: 1. What i	Give Details Ab	nown). Answer every	question.	, , , , , , , , ,	
Part 1: 1. What i	Give Details Ab	nown). Answer every out Your Marital S status?	question.	Lived Before	
Part 1: 1. What i Ma No 2. During	Give Details Ab is your current marital arried of married g the last 3 years, have	out Your Marital S status?	question. Status and Where You I	_ived Before w?	
Part 1: 1. What i Ma No 2. During	Give Details Ab is your current marital arried of married g the last 3 years, have	out Your Marital S status?	question. Status and Where You I	_ived Before w?	
Part 1: 1. What i Ma No 2. During Ye 3. Within (Comm	Give Details Ab is your current marital arried of married g the last 3 years, have ones. List all of the places at the last 8 years, did your same of the last 8 years, did you have a same of the last	out Your Marital S status? you lived anywhere of you lived in the last 3 you ever live with a spo	citatus and Where You I where than where you live no ears. Do not include where you legal equivalent in a	_ived Before w?	
Part 1: 1. What i Ma No 2. During Ye 3. Within (Comm	Give Details Ab is your current marital arried of married g the last 3 years, have os. List all of the places in the last 8 years, did your munity property states arrington, and Wisconsin.)	out Your Marital S status? you lived anywhere of you lived in the last 3 you ever live with a spo	citatus and Where You I where than where you live no ears. Do not include where you legal equivalent in a	w? ou live now. community property state or territory?	

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Deb	otor 1	Barbara Tillman		Case nui	mber (if known)	
Р	art 2:	Explain the Sources of	Your Income			
4.	Fill in th	u have any income from employ ne total amount of income you rec re filing a joint case and you have	eived from all jobs and all b	ousinesses, including par	t-time activities.	calendar years?
	✓ No ☐ Yes	s. Fill in the details.				
5.	Include unempl	a receive any other income duri income regardless of whether that oyment; and other public benefit publing and lottery winnings. If you 1.	at income is taxable. Exampayments; pensions; rental	ples of other income are income; interest; dividen	ds; money collected from	lawsuits; royalties;
	List ead	ch source and the gross income fr	om each source separately	v. Do not include income	that you listed in line 4.	
	□ No ☑ Yes	s. Fill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions
		ry 1 of the current year until	Social Security	\$2,940.00		
the	date you	ı filed for bankruptcy:				
		calendar year: December 31, 2016)				
,	,, . 	7 <u>2010</u> 7 <u>7 </u>				
		ndar year before that: December 31, 2015)				

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Deb	otor 1	Barbara	Tillman	Case number (if known)
Р	art 3:	List Ce	ertain Payments You Made Before You Filed	for Bankruptcy
6.	Are eith	er Debtor	1's or Debtor 2's debts primarily consumer debts?	
	□ No.		Debtor 1 nor Debtor 2 has primarily consumer debts. d by an individual primarily for a personal, family, or hous	• ()
		During	the 90 days before you filed for bankruptcy, did you pay a	ny creditor a total of \$6,425* or more?
		□ No.	Go to line 7.	
		Yes	List below each creditor to whom you paid a total of \$6,0 total amount you paid that creditor. Do not include payr child support and alimony. Also, do not include payment	nents for domestic support obligations, such as
		* Subje	ct to adjustment on 4/01/19 and every 3 years after that for	or cases filed on or after the date of adjustment.
	√ Yes.	Debtor	1 or Debtor 2 or both have primarily consumer debts.	
		During	the 90 days before you filed for bankruptcy, did you pay a	ny creditor a total of \$600 or more?
		☑ No.	Go to line 7.	
		☐ Yes.	List below each creditor to whom you paid a total of \$60 creditor. Do not include payments for domestic support Also, do not include payments to an attorney for this bar	obligations, such as child support and alimony.
7.	Insiders corporat agent, in	include you ions of wh ncluding or	ich you are an officer, director, person in control, or owne	on a debt you owed anyone who was an insider? Il partners; partnerships of which you are a general partner; of 20% or more of their voting securities; and any managing s.C. § 101. Include payments for domestic support obligations
	✓ No ☐ Yes.	. List all p	ayments to an insider.	
8.		year befo	ore you filed for bankruptcy, did you make any payme ler?	nts or transfer any property on account of a debt that
	Include	payments	on debts guaranteed or cosigned by an insider.	
	✓ No ☐ Yes.	. List all p	ayments that benefited an insider.	

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Deb	tor 1	Barbara Tillman	Case number (if known)
Pa	art 4:	Identify Legal Actions, Repossessions, and Foreclosur	es
) .	List all s	I year before you filed for bankruptcy, were you a party in any lawsuit such matters, including personal injury cases, small claims actions, divorcentions, and contract disputes.	·
	✓ No ☐ Yes	. Fill in the details.	
10.	seized,	l year before you filed for bankruptcy, was any of your property repos or levied? Ill that apply and fill in the details below.	ssessed, foreclosed, garnished, attached,
		Go to line 11. Fill in the information below.	
11.		90 days before you filed for bankruptcy, did any creditor, including a b s from your accounts or refuse to make a payment because you owed	· · · · · · · · · · · · · · · · · · ·
	✓ No ☐ Yes	. Fill in the details.	
12.		year before you filed for bankruptcy, was any of your property in the s, a court-appointed receiver, a custodian, or another official?	possession of an assignee for the benefit of
	✓ No ☐ Yes		
Pa	art 5:	List Certain Gifts and Contributions	
13.	Within 2	2 years before you filed for bankruptcy, did you give any gifts with a to	otal value of more than \$600 per person?
	✓ No ☐ Yes	. Fill in the details for each gift.	
14.	Within 2 to any o	2 years before you filed for bankruptcy, did you give any gifts or contrehaity?	ibutions with a total value of more than \$600
	✓ No ☐ Yes	. Fill in the details for each gift or contribution.	
Pa	art 6:	List Certain Losses	
15.		year before you filed for bankruptcy or since you filed for bankruptc saster, or gambling?	y, did you lose anything because of theft, fire,
	✓ No ☐ Yes	. Fill in the details.	

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Debtor 1	Barbara T	illman		Case number	(if known)	
Part 7:	List Cer	tain P	ayments or	Transfers		
anyor	ne you consul le any attorney	ted abo	out seeking ba	uptcy, did you or anyone else acting on your behalf inkruptcy or preparing a bankruptcy petition? preparers, or credit counseling agencies for services re		
	es. Fill in the o			Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Number S	Street			_ _	3/31/17	\$25.00
City		State	ZIP Code	_		
Email or web	site address			_		
Person Who Made the Payment, if Not You Kenneth S. Borcia & Associates Person Who Was Paid				Description and value of any property transferred	Date payment or transfer was made	Amount of payment
1117 S. Milwaukee, Suite A-3 Number Street			3	_	2017	\$60.00
Libertyvil City	lle	IL State	60048 ZIP Code	_		
Email or web	site address			_		
17. Withir anyor Do no	ne who promi ot include any p	e you fi sed to h	led for bankru nelp you deal	uptcy, did you or anyone else acting on your behalf with your creditors or to make payments to your creat you listed on line 16.		perty to

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Deb	tor 1	Barbara Tillman	Case number (if known)
18.		2 years before you filed for bankruptcy, did you sell, trade, or otherwis ty transferred in the ordinary course of your business or financial affair	
		both outright transfers and transfers made as security (such as granting of include gifts and transfers that you have already listed on this statement.	a security interest or mortgage on your property).
	✓ No	s. Fill in the details.	
19.	you are	10 years before you filed for bankruptcy, did you transfer any property a beneficiary? (These are often called asset-protection devices.)	to a self-settled trust or similar device of which
	✓ No	s. Fill in the details.	
P	art 8:	List Certain Financial Accounts, Instruments, Safe Depo	osit Boxes, and Storage Units
20.		year before you filed for bankruptcy, were any financial accounts or i , closed, sold, moved, or transferred?	nstruments held in your name, or for your
		checking, savings, money market, or other financial accounts; certificates of pension funds, cooperatives, associations, and other financial institutions.	of deposit; shares in banks, credit unions, brokerage
	✓ No ☐ Yes	s. Fill in the details.	
21.	•	now have, or did you have within 1 year before you filed for bankruptourities, cash, or other valuables?	y, any safe deposit box or other depository
	✓ No	s. Fill in the details.	
22.	•	ou stored property in a storage unit or place other than your home with	in 1 year before you filed for bankruptcy?
	✓ No ☐ Yes	s. Fill in the details.	
Pa	art 9:	Identify Property You Hold or Control for Someone Else	
23.	•	hold or control any property that someone else owns? Include any pr	operty you borrowed from, are storing for,
	✓ No ☐ Yes	s. Fill in the details.	

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Deb	otor 1	Barbara Tillman	Case number (if known)			
Р	art 10:	Give Details About Environmental Information				
For	the purp	ose of Part 10, the following definitions apply:				
ı	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.					
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.					
		us material means anything an environmental law defines as a hazar e, hazardous material, pollutant, contaminant, or similar item.	dous waste, hazardous substance, toxic			
Rep	oort all n	otices, releases, and proceedings that you know about, regardless o	f when they occurred.			
24.	Has any law?	y governmental unit notified you that you may be liable or potentially	liable under or in violation of an environmental			
	☑ No □ Yes	s. Fill in the details.				
25.	-	ou notified any governmental unit of any release of hazardous materi	al?			
	✓ No ☐ Yes	. Fill in the details.				
26.	Have you	ou been a party in any judicial or administrative proceeding under an	y environmental law? Include settlements and			
	✓ No ☐ Yes	. Fill in the details.				
P	art 11:	Give Details About Your Business or Connections to	Any Business			
27.	Within d	4 years before you filed for bankruptcy, did you own a business or hes?	ave any of the following connections to any			
		A sole proprietor or self-employed in a trade, profession, or other activit A member of a limited liability company (LLC) or limited liability partners A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation	ship (LLP)			
	لنا	None of the above applies. Go to Part 12. Check all that apply above and fill in the details below for each busines	ss.			
28.	8. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.					
	□ No □ Yes	s. Fill in the details below.				

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Debtor 1	Barbara Tillman		Case number (if known)
Part 12	: Sign Below		
that answe	ers are true and correct. I unde	erstand that making a false statement, ankruptcy case can result in fines up t	nents, and I declare under penalty of perjury , concealing property, or obtaining money or to \$250,000, or imprisonment for up to 20 years,
X /s/ Bar	bara Tillman	X	
Barbara	a Tillman, Debtor 1	Signature of Debtor 2	
Date _	04/15/2017	Date	_
Did you at	tach additional pages to Your	Statement of Financial Affairs for Indiv	riduals Filing for Bankruptcy (Official Form 107)?
✓ No ☐ Yes			
Did you pa	ay or agree to pay someone wh	no is not an attorney to help you fill ou	t bankruptcy forms?
☑ No			
Yes. N	Name of person		Attach the Bankruptcy Petition Preparer's Notice,

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS CHICAGO DIVISION (EASTERN)

In	re Barbara Tillman	Case No.			
		Chapter	13		
	DISCLOSURE OF COMPENSATION OF A	ATTORNEY FOR	DEBTOR		
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that that compensation paid to me within one year before the filing of the peti services rendered or to be rendered on behalf of the debtor(s) in content is as follows:	ition in bankruptcy, or a	agreed to be paid to me, for		
	For legal services, I have agreed to accept	\$4	1,000.00		
	Prior to the filing of this statement I have received		\$60.00		
	Balance Due	\$3	3,940.00		
2.	The source of the compensation paid to me was: ☐ Debtor ☐ Other (specify)				
3.	The source of compensation to be paid to me is:				
	✓ Debtor ☐ Other (specify)				
4.	☑ I have not agreed to share the above-disclosed compensation with associates of my law firm.	any other person unles	ss they are members and		
	☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.				
5.	In return for the above-disclosed fee, I have agreed to render legal servi	ice for all aspects of the	e bankruptcy case, including:		
	a. Analysis of the debtor's financial situation, and rendering advice to the bankruptcy;	e debtor in determininç	g whether to file a petition in		
	b. Preparation and filing of any petition, schedules, statements of affairs	and plan which may b	pe required;		
	c. Representation of the debtor at the meeting of creditors and confirma	ation hearing, and any	adjourned hearings thereof;		

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B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services: SERVICES REQUESTED AFTER DISCHARGE AND/OR DISMISSAL REPRESENTATION OF THE DEBTOR IN ADVERSARY PROCEEDINGS

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

> 04/15/2017 /s/ Kenneth S. Borcia

Date Kenneth S. Borcia

Kenneth S. Borcia & Associates 1117 S. Milwaukee, Suite A-3 Libertyville, IL 60048

Phone: (847) 634-8800 / Fax: (847) 634-8932

Bar No. 3125988

/s/ Barbara Tillman

Barbara Tillman

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
 - The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
 - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
 - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
 - (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$ 4000.00				
2.	In addition, the debtor will pay the filing fee in the case and other expenses of \$335.00.			
3.	Before signing this agreement, the attorney received \$ 60.00			
	toward the flat fee, leaving a balance due of \$ 3940.00; and \$ 335.00 for expenses,			
	leaving a balance due of \$0			
4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.				
Da	ate: 4-15-17.			
Sig	gned:			
<u>L</u>	parter Tillman der d.			
De	btor(s) Attorney for the Debtor(s)			
Do	not sign this agreement if the amounts are blank.			